

AO 440 (Rev. 10/93) Summons in a Civil Action

## RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	12/17/09
NAME OF SERVER (PRINT)	TITLE	
<i>Heather McFeely</i>	<i>Legal Ass't.</i>	

Check one box below to indicate appropriate method of service

 Served personally upon the defendant. Place where served: \_\_\_\_\_ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

 Returned unexecuted: \_\_\_\_\_ Other (specify): *Cert. Mail #7008 3230 0000 1652 7042*

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12/18/09

Date

Signature of Server

*Heather McFeely*

Prochniak Weisberg, P.C.

7 S. Morton Ave.

Address of Server  
*Morton, PA 19070*

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*LC Mach, LLC  
4699 N. State Rd. 7  
SPE - A-1  
Tavares, FL 33319*

(1) As to wh

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*G. Donvius* Agent Addressee

B. Received by (Printed Name)

*G. Donvius*

C. Date of Delivery

*12/18*D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)

 Yes

7008 3230 0000 1652 7042

102595-02-M-1540

2. Article Number  
(Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004